PTO/SB/06 (8-96)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 1820453 OTHER THAN **CLAIMS AS FILED - PART I SMALL ENTITY** OR **SMALL ENTITY** (Column 2) (Column 1) **FOR** NUMBER FILED **NUMBER EXTRA** RATE RATE FEE **BASIC FEE** s 395 \$ OR (37 CFR 1.16(a)) TOTAL CLAIMS 0 x \$11 20 0 minus 20 = OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS 0 41 = 0 3 minus 3 =OR = (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR = 395 **TOTAL** OR **TOTAL** * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II OR SMALL ENTITY **SMALL ENTITY** (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING **PRESENT** NUMBER RATE TIONAL **RATE** TIONAL AMENDALIN AFTER **PREVIOUSLY EXTRA FEE FEE** AMENDMENT PAID FOR OR Total Minus = r \$<u>50</u> = x \$ 25 = (37 CFR 1.16(c)) OR Independent *** Minus 160 = 700 = (37 CFR 1.16(b)) OR 180 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 360= OR TOTAL TOTAL OR 33 ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-AMENDMENT REMAINING PRESENT NUMBER RATE TIONAL TIONAL **RATE** AFTER PREVIOUSLY **EXTRA** FEE **FEE** AMENDMENT PAID FOR OR Total 12 Minus (37 CFR 1.16(c)) OR Independent *** Minus QR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) (Column 1) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL AMENDMENT PREVIOUSLY **EXTRA AFTER** FEE **FEE** AMENDMENT PAID FOR OR Total = x \$. Minus (37 CFR 1.16(c)) OR *** Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL IATOT

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

OR

ADDIT. FEE

ADDIT. FEE

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.